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**Executive Board  
Second Regular Session**

**Rome, 22–26 October 2007**

## **PROJECTS FOR EXECUTIVE BOARD APPROVAL**

**Agenda item 9**

*For approval*



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## **PROTRACTED RELIEF AND RECOVERY OPERATION CAMBODIA 10305.1**

### **Assisting People in Crisis**

Number of beneficiaries	Total: 1,782,000 women: 871,000; men: 911,000
Duration of project	3 years (1 January 2008 – 31 December 2010)
WFP food tonnage	90,844 mt
<b>Cost (United States dollars)</b>	
Total food cost	36,012,148
Total cost to WFP	56,926,108

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## NOTE TO THE EXECUTIVE BOARD

**This document is submitted to the Executive Board for approval.**

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

Regional Director, ODB*:	Mr A. Banbury	Anthony.Banbury@wfp.org
Liaison Officer, ODB:	Ms S. Izzi	tel.: 066513-2207

Should you have any questions regarding matters of dispatch of documentation for the Executive Board, please contact Ms C. Panlilio, Administrative Assistant, Conference Servicing Unit (tel.: 066513-2645).

\* Asia Regional Bureau



## EXECUTIVE SUMMARY

Cambodia, one of the most disaster-prone countries in southeast Asia, is a least-developed, low-income food-deficit country emerging from decades of civil conflict and economic stagnation. Despite recent progress, it ranks 129<sup>th</sup> of 177 countries in the Human Development Index: 4.6 million of a population of 13.4 million live below the poverty line; 2.6 million live in extreme poverty and face serious food deprivation. An estimated 37 percent of children under 5 are stunted, 36 percent are underweight and 7 percent are wasted. Prevalence of adult HIV and tuberculosis are among the highest in southeast Asia.

Between 2004 and 2006, an average 6 percent of the rice crop was destroyed by drought, flooding or crop infestation. Rising inequality and landlessness and deterioration of common property resources have eroded the coping capacity of food-insecure people. Limited access for the poor to education and health services, low levels of investment in public infrastructure and weak governance structures perpetuate food insecurity and under-nutrition, especially in rural areas.

The objective of the proposed protracted relief and recovery operation is to enhance the resilience and coping capacity of vulnerable households through targeted food aid interventions, in line with Strategic Objectives 2, 3 and 4, through (i) school feeding and take-home rations, (ii) food assistance for people living with HIV and households with orphans and vulnerable children, (iii) food assistance for households of tuberculosis patients and (iv) disaster risk reduction through community asset creation, food for training and relief assistance. Recent evaluations such as the 2007 Integrated Food Security and Humanitarian Phase Classification and the 2006 mid-term review were used to prioritize the interventions.

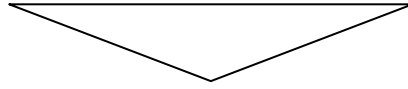
The operation promotes the Education Strategic Plan, the Health Sector Strategic Plan and the National Strategic Development Plan. Food aid interventions contribute directly to the Cambodian Millennium Development Goals 1, 2, 3 and 6.

To facilitate an integrated hand-over, WFP will prioritize partners who can provide complementary activities such as income-generation. In view of the limited resources, capacity-building for government counterparts will be incorporated into existing training components. As chair of the United Nations Disaster Management Team, WFP will continue to lead the work to enhance the capacity of the National Committee for Disaster Management to respond to floods and droughts.

Recent economic growth and political stability and projected revenues from oil and gas in 2010 indicate a decreased requirement for externally financed food assistance in the long term. Government funding, which started in 2007, is expected to increase during the operation; but as in similar low-income countries, increased inequality and associated destabilization are a possible outcome. A WFP handover at the end of this operation depends on preconditions such as improved food security and the commitment of government resources in important social sectors; these will need to be assessed in the 2009 mid-term evaluation.



## DRAFT DECISION\*



The Board approves the proposed protracted relief and recovery operation Cambodia 10305.1, “Assisting People in Crisis” (WFP/EB.2/2007/9-C/1).

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\* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document (document WFP/EB.2/2007/15) issued at the end of the session.



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## SITUATION ANALYSIS AND SCENARIOS

### Context of the Crisis

1. After 30 years of conflict and isolation, Cambodia is enjoying political stability and sustained economic growth. Its natural resources, tourism and manufacturing sectors have attracted increasing foreign investment in recent years. Local and national elections, the emergence of civil society actors and the establishment of the Khmer Rouge war crimes tribunal indicate a new era of peace and security.
2. However, the population is still recovering from the decades of war, displacement and economic stagnation. Cambodia is a least-developed country and a low-income food-deficit country ranking 129<sup>th</sup> of 177 countries in the 2006 United Nations Development Programme (UNDP) Human Development Index; per capita income is US\$454<sup>1</sup> and life expectancy at birth is 57 years.<sup>2</sup>
3. Of the population of 13.4 million, 4.6 million – 35 percent – live below the poverty line;<sup>3</sup> 2.6 million people, mainly in rural areas, live in extreme poverty and face chronic food deprivation.<sup>4</sup> Increasing inequality, especially between urban and rural populations, is exacerbated by discrepancies in access to education and health services; the Gini coefficient, for example increased from 0.35 in 1994 to 0.42 in 2004.<sup>5</sup>
4. Weak governance, limited capacity and inefficient public services hinder the development of rural areas where 85 percent of the population live.<sup>6</sup> In 2005, the World Bank designated Cambodia as a low-income country under stress or fragile state.<sup>7</sup> The International Food Policy Research Institute (IFPRI) 2006 *Global Hunger Index* lists Cambodia as one of 12 “extremely alarming” countries in terms of hunger and under-nutrition.

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<sup>1</sup> International Monetary Fund (IMF). 2006. *Cambodia, Selected Issues and Statistical Appendix*. Country Report no. 06/265, 2006. Phnom Penh.

<sup>2</sup> UNDP. 2006. *Human Development Report 2006*. New York.

<sup>3</sup> WFP. 2007. *Integrated Food Security and Humanitarian Phase Classification – Cambodia Pilot*. Rome.

<sup>4</sup> United Nations. 2005. *UNDAF for Cambodia, 2006–2010*. Phnom Penh.

<sup>5</sup> World Bank. 2006. *Cambodia: Halving Poverty by 2015 – Poverty Assessment 2006*. Phnom Penh.

<sup>6</sup> Transparency International. 2006. *National Integrity Systems Country Study Report: Cambodia 2006*. Cambodia ranks 151<sup>st</sup> of 163 countries in Transparency International’s *Corruption Perceptions Index 2006*.

<sup>7</sup> World Bank. 2005. *Engaging with Fragile States: An IEG Review of World Bank Support to Low-income Countries Under Stress*. Washington DC.



## Food Security and Nutrition

5. The 2005 Cambodian Demographic Health Survey (CDHS) showed some improvement, but malnutrition in children under 5 is still a silent emergency: 37 percent are stunted, 36 percent underweight and 7 percent wasted;<sup>8</sup> one in twelve Cambodian children dies before the age of 5.<sup>9</sup> Maternal mortality is 472 deaths per 10,000 live births.<sup>8</sup> Cambodia ranks 97<sup>th</sup> of 120 countries in the 2006 *Gender-Related Development Index*.<sup>2</sup>
6. Poor dietary diversity – 65 percent of calories come from rice and other cereals – results in severe micronutrient deficiencies: 47 percent of women of reproductive age and 62 percent of children under 5 suffer from anaemia.<sup>2</sup> Insufficient access to water and sanitation among the poor contributes to inadequate food utilization and related health problems. Diarrhoea, respiratory infections and malaria are major causes of mortality and morbidity, especially among children.
7. The adult HIV-prevalence rate of 1.9 percent is among the highest in Asia.<sup>10</sup> Tuberculosis (TB) prevalence is the highest in southeast Asia: Cambodia is among the top 22 countries in terms of infection rates;<sup>11</sup> 10 percent of those infected with TB also have HIV.<sup>11</sup> This is a serious challenge to food security and poverty alleviation and places an increased burden on the healthcare system.
8. The rural population faces constraints that have a negative impact on food security such as limited access to credit and agricultural land, insecure land tenure, isolation from markets and services, low levels of education and high dependency ratios. Distress land sales, land grabbing and speculative land purchases result in increased inequality in land ownership. Landlessness increased from 13 percent in 1997 to 20 percent in 2004.<sup>12</sup> Landmines and unexploded ordnance in some border provinces limit the expansion of land under cultivation and disrupt transport.
9. Population growth will continue the fragmentation of hereditary plots, leading to a reduction in household agricultural production and increased migration:<sup>13</sup> 40 percent of farmers possess 0.5 ha or less of arable land.<sup>12</sup> Given the low levels of agricultural productivity, the average household will only produce enough rice to meet 50 percent of annual cereal consumption. In rural households, food accounts for two-thirds of expenditure.<sup>12</sup>
10. Over-fishing, economic land concessions and deforestation have significantly eroded access to common resources. Forestry and fishing, essential to the coping strategies of the poor, are critical sources of food, fuel and income in crises. Limited off-farm employment opportunities and high levels of indebtedness reduce access to food among rural households.

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<sup>8</sup> Royal Government of Cambodia, National Institute of Public Health and National Institute of Statistics. 2005. *Cambodian Demographic Health Survey 2005*. Phnom Penh.

<sup>9</sup> According to the 2005 CDHS, infant mortality is 66/1,000 live births; under-5 mortality is 83 per 1,000 live births.

<sup>10</sup> Royal Government of Cambodia, Ministry of Health. 2003. *Report on HIV Sentinel Surveillance 2003*. Phnom Penh.

<sup>11</sup> Royal Government of Cambodia, Ministry of Health. 2005. *Tuberculosis Report 2005*. Phnom Penh.

<sup>12</sup> Royal Government of Cambodia, National Institute of Statistics. 2004. *Cambodia Socio-Economic Survey 2003-4*. Phnom Penh.

<sup>13</sup> The population has more than doubled since 1980, resulting in a distribution in which 70 percent are under 30.



11. Although food insecurity is primarily attributed to access and utilization, poor market and transport infrastructures result in high transfer costs for cereals, especially between surplus and deficit areas. Rice prices are sensitive to drought and flooding.
12. Adult literacy is 74 percent – 85 percent for men and 64 percent for women – which is among the lowest rates in the region.<sup>14</sup> Despite the work done in the sector, there is a need to improve attendance and reduce drop-outs, even in primary education.
13. Of the 91 percent of children who enrol in primary school, only 43 percent complete grade 6;<sup>15</sup> in remote areas, the figure is only 25 percent. An estimated 1.4 million children aged between 7 and 14 – 52 percent – are economically active;<sup>16</sup> there is concern that current trends will lead to another “lost generation”, most of them girls, who will not have access to education.

## Scenarios

14. Cambodia, one of the most disaster-prone countries in southeast Asia, experiences monsoon flooding in the Mekong basin and regular droughts in the plains: of the likely food-security hazards, natural disasters raise the most concern. A recent government report indicates that an average 6 percent of cropland was destroyed by floods, crop infestation and drought between 2004 and 2006. There is also the possibility of adverse food security resulting from avian influenza. Recent commune elections indicate improved administration, but poor governance and rising inequality could lead to political instability.

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## POLICIES, CAPACITIES AND ACTIONS OF GOVERNMENT AND OTHER ACTORS

### Policies, Capacities and Actions of the Government

15. The Royal Government of Cambodia has adopted a comprehensive reform agenda that prioritizes improved governance and socio-economic development according to the objectives of the 2006–2010 National Strategic Development Plan (NSDP), which approaches poverty-alleviation and economic growth through (i) enhanced agriculture, (ii) construction and rehabilitation of infrastructure, (iii) employment generation and (iv) human resource development. A central principle is good governance. The NSDP and the Cambodian Millennium Development Goals (CMDGs)<sup>17</sup> provide a framework for addressing the causes and consequences of extreme poverty and hunger.

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<sup>14</sup> Royal Government of Cambodia, National Institute of Statistics. 2004. *Cambodia Inter-Censal Population Survey*. Phnom Penh.

<sup>15</sup> Royal Government of Cambodia, Ministry of Education, Youth and Sport. Ministry database, 2006.

<sup>16</sup> International Labour Organization (ILO), the United Nations Children’s Fund (UNICEF), World Bank. 2006. *Children’s Work in Cambodia: A Challenge for Growth and Poverty Reduction*, Washington, DC.

<sup>17</sup> These include a ninth Millennium Development Goal (MDG): move towards zero victims and a country without mines.



16. The Technical Working Group on Food Security and Nutrition, co-chaired by the Council for Agricultural and Rural Development (CARD) and the Ministry of Planning and facilitated by the Food and Agriculture Organization of the United Nations (FAO) and WFP, recently produced the *Food Security and Nutrition Strategy Paper 2007–2010*, identifying the main constraints to improved food security and nutrition in forestry and fisheries, agriculture, mother-and-child health, water and sanitation and education. In cooperation with CARD, WFP recently launched the web-based *Cambodia Food Security Atlas*, an analysis of hunger and malnutrition.
17. Various ministries have developed plans in line with NSDP that are supported by WFP interventions: examples are the Education Strategic Plan, the Health Sector Strategic Plan and the Cambodian Nutrition Investment Plan. The National Committee for Disaster Management (NCDM) continues to be the government focal point for crisis management. Despite successes in aid coordination and decentralization, a 2006 policy performance review notes continued difficulties in implementing measures to combat corruption, reform the judiciary, improve disaster management and enhance rural food security.<sup>18</sup>

### **Policies, Capacities and Actions of other Major Actors**

18. The IMF, the World Bank and the Asian Development Bank assist the Government with loans and technical assistance, supporting service delivery in agriculture, health and education, and enhancing capacity in ministries. United Nations agencies, bilateral donors and international non-governmental organizations (NGOs) promote poverty alleviation, but WFP remains the main actor in rural food security.

### **Coordination**

19. The United Nations Development Assistance Framework (UNDAF) for 2006–2010 aims to harmonize United Nations' and donor assistance with the NSDP. The priority areas for aid interventions are (i) good governance and promotion and protection of human rights, (ii) agriculture and rural poverty, (iii) capacity-building and human resource development for the social sectors and (iv) support for the 2006 NSDP.
20. WFP is part of the United Nations country team, which helps to coordinate United Nations policies, programmes and actions. The United Nations Disaster Management Team (UNDMT), chaired by WFP and including UNICEF, FAO, UNDP and the World Health Organization (WHO), helps to coordinate disaster preparedness, management and response.

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<sup>18</sup> Royal Government of Cambodia, Council for the Development of Cambodia. 2007. *Policy Performance of the Royal Government of Cambodia: a Report on Progress Towards Targets of Joint Monitoring Indicators*. Phnom Penh.





## OBJECTIVES OF WFP ASSISTANCE

21. The primary goal of this protracted relief and recovery operation (PRRO) is to enhance the resilience and coping capacity of vulnerable households and communities through targeted food aid interventions. The four inter-related objectives are:
- increase ability to manage shocks in crisis situations in targeted households (Strategic Objective 2);
  - improve household food security for people living with HIV (PLHIV) and orphans and other vulnerable children (OVC) (Strategic Objective 2);
  - reduce the prevalence of TB in the population (Strategic Objective 3); and
  - ensure regular attendance and improve retention in primary schools of children from poor food-insecure households (Strategic Objective 4).

## RESPONSE STRATEGY

### Nature and Effectiveness of Food Assistance to Date

22. WFP assistance is crucial to Cambodia's recovery: it developed from an emergency operation (EMOP) in the early 1990s into a recovery and rehabilitation programme at the end of the decade, with reconciliation between the Government and remnants of the Khmer Rouge. In the initial post-conflict phase, WFP began to use food assistance to promote health and education among vulnerable groups, restore community-level infrastructure and provide a safety net in times of crisis.
23. Food assistance in the form of food for education (FFE), food for work (FFW) and support for vulnerable groups has been successful and supported by local and national government. FFW, which is planned and implemented in collaboration with communes and villages, has helped to facilitate the Government's decentralization policy.
24. The importance of WFP's programmes was recently highlighted when the Government contributed 2,000 mt of rice during a resource shortfall, demonstrating the Government's commitment to an enhanced partnership with WFP and recognition of the important role of food aid in addressing rural food insecurity. Such contributions are expected to increase.

### Strategy Outline

25. The 2006 mid-term review (MTR) and the 2007 Integrated Food Security and Humanitarian Phase Classification (IPC) indicate the need for continued food assistance to meet the immediate and long-term needs of poor food-insecure households. A 2006 gap analysis estimated that there are 2.3 million undernourished women and children, but resource limitations meant that WFP could reach only half of this group in the previous three-year PRRO. The MTR recommended that the PRRO build on the preceding projects, PRRO 10305.0 "Assisting People in Crisis" and PRRO 6038.01 "Food Aid for Recovery and Rehabilitation".
26. As suggested by the MTR and the IPC, which involved government, United Nations and NGO stakeholders, the PRRO will aim to improve the food security of vulnerable households and communities through combined interventions in education, health and



disaster risk reduction (DRR). WFP will seek to increase the geographic concentration of complementary activities to maximize the impact of food assistance. The core activities will include:

- **education:** school feeding and take-home rations for vulnerable children, especially girls;
- **health and nutrition:** food support to PLHIV, OVC and TB patients; and
- **disaster risk reduction (DDR):** FFW community asset creation, food for training (FFT) and relief food assistance.

27. Improved access to basic primary education, especially for girls, is central to sustained social and economic recovery. The school feeding programme, implemented by local government and school committees with support from NGOs, provides a daily breakfast for students throughout the year; it is an incentive for children from poor families to enrol in school, attend class regularly and complete their education. It also helps to mitigate short-term hunger and improve concentration. In recent years, school feeding has resulted in increased enrolment and attendance rates. WFP will continue FFE in schools that have launched pre-school education programmes to encourage enrolment.
28. Take-home rations will be provided for children from poor families to encourage them to send children to school and to offset the impact of lost labour or income. Take-home rations reduce drop-out rates and increase completion rates. School feeding and take-home rations together promote the value of education in remote areas and reduce short-term hunger.
29. TB patients receive a food ration as an incentive to attend treatment and adhere to the national TB programme. The food improves patients' overall food security and health during recovery.
30. Food assistance to PLHIV and OVC as part of home-based care (HBC) stabilizes household food access, diminishes the proportion of income spent on food, helps to improve health and reduces negative coping strategies such as taking children out of school, distress migration, indebtedness, human trafficking and the sale of productive assets.
31. FFW, the major component of DRR, will enable poor food-insecure households to participate in community asset creation such as community ponds and irrigation dikes to improve the resilience of drought-prone communities. Elevated safe areas will reduce vulnerability to flooding in the Mekong basin. The construction of tertiary roads in rural areas will facilitate access to markets, schools, health facilities, farms and villages.
32. FFW is vital in filling the August–December food gap for poor households before the main harvest. In line with objectives to build government capacity in FFW, responsibility and accountability for project planning, quality control, coordination and monitoring will be a core feature of FFW.
33. As part of DRR, FFT will support income generation, alternative livelihoods and improved agricultural practices to enhance coping mechanisms. Longer-term vocational training will focus on vulnerable groups and will be implemented through FFT partners. Short-term life-skills training will be encouraged to enhance the impact of interventions. FFT will promote sustainable livelihoods to enable vulnerable households to reduce their dependence on food assistance.



34. Relief assistance is another component of DRR: it will consist of short-term free food distributions in response to natural disasters and activities designed to increase the capacity of food-insecure households and communities to mitigate the impact of shocks. With support from cooperating partners, village rice banks will be constructed and managed to enhance resilience to crop failure.

### **Hand-over Strategy**

35. Food assistance will be integrated with the programmes of partner NGOs and government departments to increase the resilience of targeted households and communities, particularly with regard to DRR and FFT. WFP will prioritize partners who can provide complementary activities such as income-generation in order to phase beneficiaries out of interventions at the appropriate time. The bulk of WFP assistance is going to FFE programmes, in which food is for the time being the essential component to achieve higher retention rates.
36. WFP will promote best implementation practices by its partners; it will also continue to seek increased government funding, which started in the current phase of the PRRO, to maintain and increase these programmes as the economy improves. The prospect of oil and gas revenues combined with current economic growth and planned structural reforms indicate continued recovery, which should lead to reduced reliance on foreign aid in the long term. But recent research indicates that low-income countries such as Cambodia have been negatively affected and even destabilized by the discovery of oil reserves. The challenges of dealing with a public sector that is overstaffed, poorly qualified and poorly motivated are not to be underestimated. WFP anticipates a handover on completion of this PRRO, but improvements in the food-security situation and increased availability of government resources will need to be assessed in the 2009 mid-term evaluation.

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## **BENEFICIARIES AND TARGETING**

37. Provincial targeting is based on the results of the 2007 IPC; supporting information was gathered from the *Cambodian Food Security Atlas*, which shows that food insecurity varies according to location and livelihood group. The IPC indicates that 2.6 million people living below the poverty line and facing chronic food deprivation are the target population for food assistance. Because of resource constraints, high unit costs associated with transporting food to a small number of widely scattered beneficiaries and limited availability of suitable partners, the PRRO will target only 960,000 beneficiaries per year; it will not be able to extend its target areas for DRR and FFE to the most eastern provinces.



**TABLE 1: BENEFICIARIES AND FOOD REQUIREMENTS BY TYPE OF INTERVENTION**

Type of Programme	2008		2009		2010		Total*	
	Number of beneficiaries	Food requirements (mt)	Number of beneficiaries	Food requirements (mt)	Number of beneficiaries	Food requirements (mt)	Number of beneficiaries	Food requirements (mt)
Education	657 000	15 733	657 000	15 733	657 000	15 733	<b>1 017 000</b>	<b>47 200</b>
Health and nutrition	113 000	10 348	113 000	10 348	113 000	10 348	<b>208 000</b>	<b>31 044</b>
Disaster risk reduction	186 000	4 200	186 000	4 200	186 000	4 200	<b>557 000</b>	<b>12 600</b>
<b>Annual totals</b>	<b>956 000</b>	<b>30 281</b>	<b>956 000</b>	<b>30 281</b>	<b>956 000</b>	<b>30 281</b>	<b>1 782 000</b>	<b>90 844</b>

\* The annual number of beneficiaries represents the number of beneficiaries receiving WFP assistance over the year. The total number of beneficiaries, as per WFP guidelines, avoids double counting of beneficiaries between individual years and represents the total number of beneficiaries receiving WFP assistance over the 36 month duration of the PRRO.



38. The IPC involved a review of quantitative and qualitative data on education, nutrition, health, livelihoods and coping strategies, economics and hazards. For most indicators, data were not available at the district or commune level, so the analysis could only identify target areas at the provincial level. Selection of target districts and communes for FFE will be made using data from the Ministry of Education Youth and Sports. Poverty and hazard data verified through field visits will be used to determine target communes and villages for DRR.
39. The availability of cooperating partners able to provide complementary activities and support food aid interventions will be a factor in final targeting decisions. The target areas will overlap with the five highly food-insecure provinces targeted by the support for mother-and-child health project, development project (DEV) 10170.2, which will provide complementary nutritional interventions for the population targeted by the PRRO; FFE, DRR and health projects will support food security in the same areas. The increasing integration of interventions in the same areas will enable WFP to improve synergy between programmes.
40. FFE will target 12 provinces using three primary education indicators: net enrolment ratio, attendance rate and completion rate identified by IPC. Districts and schools will be targeted on the basis of Ministry of Education Youth and Sports data and the remoteness of their location. All children attending targeted schools are entitled to school feeding, but take-home rations will be provided for children from the poorest households, especially girls most at risk of dropping out. School directors and cooperating partners will assist in selecting beneficiaries.
41. TB interventions will be implemented nation-wide through the public health system. Targeting for HIV interventions will be based on high prevalence rates and household food-security assessments during phase-in and phase-out. WFP support for PLHIV and OVC will be contingent on the presence of reliable NGOs with HBC programmes.
42. DRR will be implemented in ten provinces. In other provinces, FFW implemented by NGOs will be considered on the basis of need and the availability of partners. Other activities such as rice banks, income-generation and agricultural training will be considered for all provinces targeted for DRR. Participants in FFT will be selected by cooperating partners; priority will given to households headed by women, adolescent girls and PLHIV. Relief food distributions will not be limited to target provinces, but will be provided on the basis of verified need.

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## NUTRITIONAL CONSIDERATIONS AND RATIONS

43. Rations will be provided to improve access to food for vulnerable individuals and households (see Table 2). On-site breakfasts will be provided for students in the school feeding programme; a monthly take-home ration will be provided for selected students. TB patients will receive a quarterly ration based on adherence to treatment; PLHIV will be given a monthly ration as a part of HBC. For FFT, vocational training participants will receive daily on-site feeding; life-skills trainees will receive a daily take-home ration. FFW participants will receive a ration based on the units of output completed by a household in a given project.



TABLE 2: PRRO FOOD RATIONS							
		Rations (kg)					
Activity	Unit/feeding days	Rice	Fish	Oil	Salt	Beans	Total
<b>Education</b>							
School feeding	1 child/day	0.1	0.02	0.01	0.003	0.025	<b>0.16</b>
Take-home rations	1 child/month	15		1		2	<b>18</b>
Volunteers (trainers, cooks)	1 cook/month	15		1			<b>16</b>
<b>Health and Nutrition</b>							
National Tuberculosis Program	1 patient/quarter	60		1.5	1		<b>62.5</b>
HIV/AIDS (household)	1 household/month	30		1	0.5		<b>31.5</b>
<b>Disaster Risk Reduction</b>							
Relief food distribution	1 household/month	50					<b>50</b>
<b>FFT</b>							
Vocational training	1 trainee/day	0.3		0.02	0.01		<b>0.33</b>
Life-skills training	1 trainee/day	1.5					<b>1.5</b>
<b>FFW</b>							
Excavation/fill/compaction	m <sup>3</sup>	3.5					<b>3.5</b>
Grassing	m <sup>2</sup>	0.5					<b>0.5</b>
Village ponds	m <sup>3</sup>	4.5					<b>4.5</b>
Tree planting	number	1					<b>1</b>
Project committee	% total FFW project	3					<b>3</b>

## IMPLEMENTATION ARRANGEMENTS

44. As in the current operation, Enhanced Commitment to Women (ECW) benchmarks and guidelines will be prioritized in project design and implementation. Vulnerability analysis and mapping (VAM) will identify areas with high levels of gender disparity in health and education where gender-disaggregated data is available. ECW will be mainstreamed where possible in training for government counterparts and other cooperating partners. ECW objectives II, III, V, VI and VII are part of the PRRO design and will receive special attention.



45. Collaboration with ministries, NGOs and United Nations agencies is an essential element of the PRRO: their complementary activities, financial inputs, field presence and technical expertise enhance the effectiveness of food aid interventions. Integration of the PRRO into partners' activities helps to address the multi-dimensional causes of under-nutrition and food insecurity. Partnerships with ministries will be enhanced during the operation, with particular emphasis on increasing the capacity of NCDM in disaster mitigation and response.
46. Many partnerships from the current PRRO will continue into the next operation. The Government has taken over the deworming programmes of UNICEF and WHO; the Ministry of Health now reaches 95 percent of schools. UNICEF and WHO concentrate on monitoring and capacity-building. WFP also partners with UNICEF's Child Friendly Schools, which provide improved quality of education, school materials, wells and latrines to targeted schools in all six of their target provinces. Other partners in FFE include School Aid Japan, World Vision and Kampuchea Action for Primary Education (KAPE). New partnerships being considered include the UNDP National Adaptation Programme of Action (NAPA) for climate change and food-security projects with FAO and the International Fund for Agricultural Development (IFAD).
47. The primary partner for the TB programme is the National Centre for Tuberculosis Control (CENAT), which is supported by WHO, the Japan International Cooperation Agency (JICA), the World Bank and the Global Fund for TB, HIV and Malaria. Food support for PLHIV and OVC is provided through HBC by NGO partners including World Vision, Khmer HIV NGO Alliance (KHANA), Save the Children-Australia and Caritas.
48. The main partner for FFW will remain the Ministry of Rural Development. Additional collaboration in FFW will be maintained with World Vision, Caritas and *Agronomes et vétérinaires sans frontières* (AVSF); collaboration with AVSF and other NGOs on construction and management of rice banks will continue. FFT to improve the coping mechanisms of vulnerable groups will continue with current partners, including Caritas and *Agir pour les femmes en situation précaire* (AFESIP), an NGO that teaches skills to victims of human trafficking.
49. WFP will provide non-food items for FFW such as culverts, survey equipment and signboards. Partners such as *Kreditanstalt für Wiederaufbau* (KfW) and UNDP will be asked to provide laterite for roads. WFP will also provide information and educational materials for health and education, kitchen equipment for school feeding, scales, and tools for school gardens. To help to minimize negative environmental impacts, FFE will continue to mainstream the use of fuel-efficient stoves and assist with tree planting at selected schools.
50. The country-wide network of warehouses, managed and maintained by WFP, can store 20,000 mt of food. The Commodity Movement Processing and Analysis System (COMPAS) tracks the movement of stocks for each consignment and reports losses and damage. All warehouses are linked by telephone, high-frequency radio and internet connections.
51. Depending on price trends and resource availability, WFP will continue to procure rice, pulses and salt locally; vegetable oil and canned fish will be procured from regional markets. Locally purchased food is delivered directly from suppliers to warehouses. These arrangements minimize landside transport, storage and handling (LTSH) rates and meet the preferences of beneficiaries. The LTSH matrix will be revised regularly to take account of changes in costs.



## PERFORMANCE MONITORING

52. Monitoring will be compliant with results-based management (RBM): WFP will develop a simplified monitoring and evaluation (M&E) toolkit that includes standardized reporting forms for all programme components. The country office has updated the programme database: it can now capture disaggregated gender and age data for programme inputs, activities and outputs.
53. WFP Cambodia has instituted a rigorous performance-monitoring system: many project sites receive several monitoring visits each year; most food distributions are attended by WFP staff. There are three sub-offices responsible for project implementation; 6,000 monitoring visits are conducted every year in the current operation.
54. WFP staff provide regular training and guidance for cooperating partners in M&E and reporting. A mid-term evaluation of the PRRO is planned to assess the targeting, implementation and effectiveness of WFP interventions.

## RISK ASSESSMENT AND CONTINGENCY PLANNING

### Risk Assessment

55. The main risks to implementation of the PRRO include:
- a large-scale natural disaster requiring transfer of resources from planned activities to emergency relief operations;
  - a major public health crisis such as avian influenza disrupting operations;
  - land expropriations leading to continued displacement of the urban and rural poor, resulting in deterioration of security;
  - political instability disrupting government operations or limiting access to certain areas; and
  - limited capacity and budgets of the Government and cooperating partners.

### Contingency Planning

56. As chair of UNDMT, WFP leads coordination of disaster preparedness, mitigation and response. WFP's VAM unit continuously monitors actual and potential floods and droughts in relation to food security. An annual contingency plan is made that reviews disaster scenarios and estimates food requirements and other issues; the annual update of the UNDMT response plan provides inputs to United Nations inter-agency contingency planning.

## SECURITY CONSIDERATIONS

57. In 2006, the United Nations Department of Safety and Security (UNDSS) changed the security status for Cambodia from security phase one to no security phase. The offices in Phnom Penh and the three sub-offices are compliant with United Nations Minimum Operational Security Standards (MOSS); security training for WFP staff will continue.





58. Recent political stability suggests that all areas should be accessible for the duration of the PRRO. Restrictions may apply in areas where armed banditry occurs. Land mines and unexploded ordnance are a hazard near the borders with Thailand and Viet Nam. Violent crime is a serious concern in Cambodia, particularly in Phnom Penh and major towns.

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## RECOMMENDATION

59. The Board is requested to approve the proposed Cambodia PRRO 10305.1 “Assisting People in Crisis”.



## ANNEX I-A

<b>BREAKDOWN OF PROJECT COSTS</b>			
	<b>Quantity (mt)</b>	<b>Average cost per mt (US\$)</b>	<b>Value (US\$)</b>
<b>WFP COSTS</b>			
<b>A. Direct operational costs</b>			
Food <sup>1</sup>			
– Rice	75 221	298	22 426 272
– Canned fish	4 163	1 727	7 190 500
– Vegetable oil	3 807	997	3 796 596
– Pulses	6 524	375	2 446 500
– Salt	1 128	135	152 280
<b>Total food</b>	<b>90 844</b>		<b>36 012 148</b>
<b>External transport</b>			<b>1 917 220</b>
Internal transport, storage and handling			5 708 147
<b>Total landside transport, storage and handling</b>			<b>5 708 147</b>
Other direct operational costs			1 548 501
<b>Total direct operational costs</b>			<b>45 186 016</b>
<b>B. Direct support costs<sup>2</sup> (see Annex I-B)</b>			<b>8 015 954</b>
<b>C. Indirect support costs (7.0 percent)<sup>3</sup></b>			<b>3 724 138</b>
<b>TOTAL WFP COSTS</b>			<b>56 926 108</b>

<sup>1</sup>This is a notional food basket for budgeting and approval. The contents may vary.

<sup>2</sup> Indicative figure for information purposes. The direct support costs allotment is reviewed annually.

<sup>3</sup> The indirect support costs rate may be amended by the Board during the project.



**ANNEX I-B**

<b>DIRECT SUPPORT COSTS (US\$)</b>	
<b>Staff</b>	
International professional staff	1 738 440
International consultants	283 300
National professional officers	950 798
National general service staff	2 183 607
Temporary assistance	89 738
National consultant	24 800
Staff duty travel	686 132
Staff training and development	165 461
<b>Subtotal</b>	<b>6 122 276</b>
<b>Office expenses and other recurrent costs</b>	
Rental of facility	282 644
Utilities (general)	182 684
Office supplies	72 192
Telecommunications and information technology services	244 143
Insurance	52 140
Equipment repair and maintenance	32 600
Vehicle maintenance and running cost	264 620
Other office expenses	84 750
United Nations organizations services	168 914
<b>Subtotal</b>	<b>1 384 687</b>
<b>Equipment and other fixed costs</b>	
Furniture tools and equipment	185 868
Vehicles	131 373
Telecommunications and information technology equipment	191 750
<b>Subtotal</b>	<b>508 991</b>
<b>TOTAL DIRECT SUPPORT COSTS</b>	<b>8 015 954</b>





## ANNEX II: LOGICAL FRAMEWORK

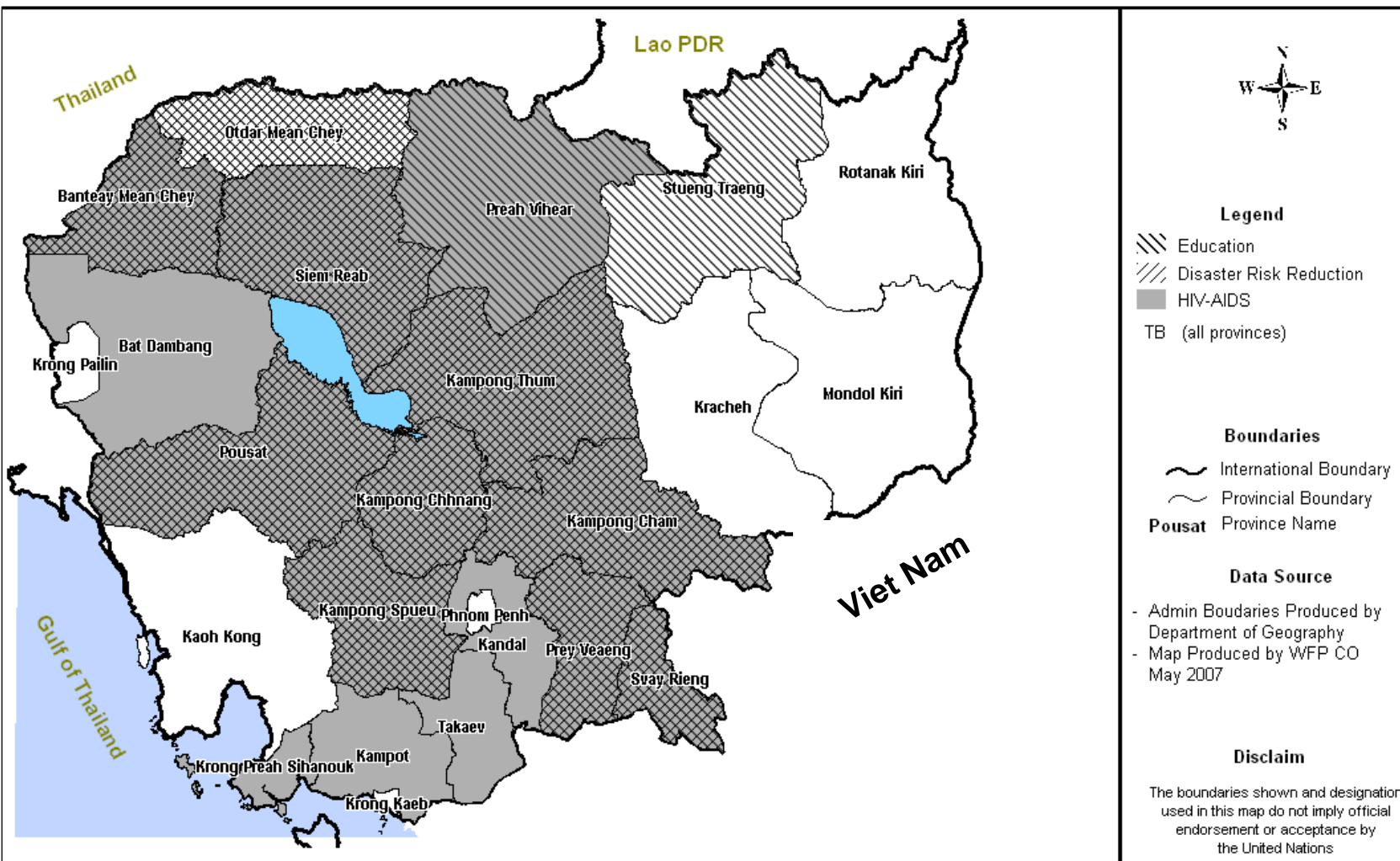
Results chain	Performance indicators	Risks and assumptions
<p><b>Outcome 1</b></p> <p>Increased ability to manage shocks in targeted vulnerable households in crisis situations (Strategic Objective 2).</p>	<p>Dietary diversity and frequency.</p>	<p>Political stability is maintained.</p> <p>The Government is committed to implementing the NSDP.</p> <p>No pipeline breaks during the project.</p> <p>No floods or droughts of unusual severity.</p> <p>No outbreak of avian influenza, which would disrupt all programmes.</p> <p>All stakeholders fulfil their responsibilities.</p>
<p><b>Output 1.1</b></p> <p>Timely provision of food in sufficient quantity for targeted beneficiaries in crisis and transition situations or vulnerable to shocks.</p>	<ul style="list-style-type: none"> <li>➤ Actual PLHIV, OVC and relief beneficiaries receiving WFP food assistance through HBC and relief activities, as % of planned beneficiaries, by sex.</li> <li>➤ Actual tonnage of food distributed through each HBC and relief activity as % of planned distributions, by food type.</li> </ul>	
<p><b>Output 1.2</b></p> <p>Targeted beneficiaries participate in food-supported asset creation, income-generation and life-skills development.</p>	<ul style="list-style-type: none"> <li>➤ Actual FFW and FFT participants in each activity as % of planned participants, by sex.</li> <li>➤ Actual tonnage of food distributed through each activity as % of planned distributions, by food type.</li> <li>➤ Actual number, length and type of assets created for the targeted community as % of planned activities.</li> <li>➤ Actual number and types of life and vocational-skills training provided for the targeted community as % of planned activities.</li> <li>➤ Actual volume of earthworks through each activity as % of planned, by partner and province.</li> </ul>	
<p><b>Output 1.3</b></p> <p>Non-food items delivered and constructed for targeted communities.</p>	<ul style="list-style-type: none"> <li>➤ Actual number of non-food items delivered or constructed for targeted communities as % of planned, by partner and province.</li> </ul>	

<b>ANNEX II: LOGICAL FRAMEWORK</b>		
<b>Results chain</b>	<b>Performance indicators</b>	<b>Risks and assumptions</b>
<b>Outcome 2</b> Reduction in prevalence of TB (Strategic Objective 3).	<ul style="list-style-type: none"> <li>➤ TB cure rate.</li> </ul>	Drug supply is stable and the adherence to treatment protocol is not compromised by factors other than lack of food.  No pipeline breaks. All stakeholders fulfil their responsibilities.  No outbreak of avian influenza, which would disrupt all programmes.
<b>Output 2.1</b> Timely provision of food in sufficient quantity for people affected by TB.	<ul style="list-style-type: none"> <li>➤ Actual number of TB patients receiving WFP food assistance as % of planned, by sex.</li> <li>➤ Actual tonnage of food distributed through TB activity as % of planned, by food type.</li> </ul>	
<b>Outcome 3</b> Food-insecure households take advantage of and improve access to education (Strategic Objective 4).	<ul style="list-style-type: none"> <li>➤ Absolute enrolment: number of boys and girls enrolled in WFP-assisted primary schools and pre-schools.</li> <li>➤ Net enrolment rate: percentages of primary school age boys and girls enrolled in WFP-assisted primary schools.</li> <li>➤ Attendance rate: percentages of boys and girls attending classes in WFP-assisted primary schools.</li> <li>➤ Ratio of girls to boys enrolled in WFP-assisted schools.</li> </ul>	No pipeline breaks.  No outbreak of avian influenza, which would disrupt all programmes.  All stakeholders fulfil their responsibilities: food aid alone will not achieve the intended outcomes.
<b>Output 3.1</b> Timely provision of food in sufficient quantities* for children in primary schools and in selected pre-schools.	<ul style="list-style-type: none"> <li>➤ Actual beneficiaries receiving WFP food assistance through on-site and take-home rations as % of planned, by age group and sex.</li> <li>➤ Actual tonnage of food distributed through on-site and take-home rations as % of planned, by food type.</li> </ul>	

\* Sufficient quantity means as per the planned ration



### Cambodia PRRO 10305.1: Map of the Project Areas



The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.

## ACRONYMS USED IN THE DOCUMENT

AFESIP	<i>Agir pour les femmes en situation précaire</i>
AIDS	acquired immune deficiency syndrome
AVSF	<i>Agronomes et vétérinaires sans frontières</i>
CARD	Council for Agriculture and Rural Development
CDHS	Cambodian Demographic Health Survey
CENAT	National Centre for Tuberculosis Control
CMDG	Cambodian Millennium Development Goals
COMPAS	Commodity Movement Processing and Analysis System
DEV	development project
DRR	disaster risk reduction
ECW	Enhanced Commitments to Women
EMOP	emergency operation
FAO	Food and Agriculture Organization of the United Nations
FFE	food for education
FFT	Food for training
FFW	food for work
HBC	home-based care
HIV	human immunodeficiency virus
IFAD	International Fund for Agricultural Development
IFPRI	International Food Policy Research Institute
ILO	International Labour Organization
IMF	International Monetary Fund
IPC	Integrated Food Security and Humanitarian Phase Classification
JICA	Japan International Cooperation Agency
KAPE	Kampuchea Action for Primary Education
KfW	<i>Kreditanstalt für Wiederaufbau</i>
KHANA	Khmer HIV NGO Alliance
LTSH	landside transport, storage and handling
M&E	monitoring and evaluation
MDG	Millennium Development Goal
MOSS	minimum operating security standards
MTR	mid-term review
NAPA	National Adaptation Programme of Action

NCDM	National Committee for Disaster Management
NGO	non-governmental organization
NSDP	National Strategic Development Plan
NTP	National Tuberculosis Programme
OVC	orphans and other vulnerable children
PLHIV	people living with HIV
PRRO	protracted relief and recovery operation
RBM	results-based management
TB	tuberculosis
UNDAF	United Nations Development Assistance Framework
UNDMT	United Nations Disaster Management Team
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNICEF	United Nations Children's Fund
VAM	vulnerability analysis and mapping
WHO	World Health Organization